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# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**FLORIDA LIMITED LIABILITY CO.**
**Mid Tax Services LLC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $125.00 |

A. LUNT
NOV 26 2012
EXAMINER

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# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** MID TAX SERVICES LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILAGROS DE LA CUBA
Name of Person

MID TAX SERVICES LLC.
Firm/Company

239 WINDROSE DR
Address

ORLANDO, FL 32824
City/State and Zip Code

delacuba@att.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MILAGROS DE LA CUBA at (317) 453-9751
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☑ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street/Courier Address**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

MID TAX SERVICES LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|---|
| 12981 SOUTH ORANGE BLOSSOM TRAIL | 239 WINDROSE DR |
| ORLANDO, FL 32834 | ORLANDO, FL 32824 |

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MILAGROS DE LA CUBA
Name

239 WINDROSE DR
Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32824
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**



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**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGR | MILAGROS DE LA CUBA<br>239 WINDROSE DR<br>ORLANDO FL 32824 |
| MGR | JULIO MILLO<br>239 WINDROSE DR<br>ORLANDO FL 32824 |
| | |
| | |

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MILAGROS DE LA CUBA
Typed or printed name of signee

**Filing Fees:**

**$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
**$ 30.00 Certified Copy (Optional)**
**$ 5.00 Certificate of Status (Optional)**



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